



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3727 )  
)  
Examiner: Olson, Margaret Linnea )  
)  
Applicant: Mulvihill, James A. )  
)  
Serial No.: 10/750,801 )  
)  
Filed: January 2, 2004 )  
)  
For: FLIP-UP TRUNK SPACE )  
STORAGE SYSTEM )  
\_\_\_\_\_ )

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

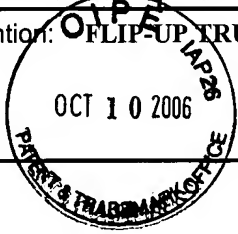
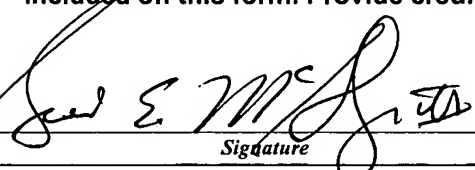
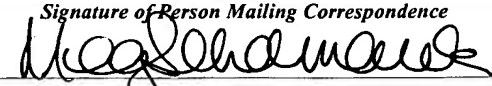
Dear Sir:

This is in response to the non-final Office Action dated July 13, 2006.

**Amendments to the specification** begin on page 2 of this paper.

**Amendments to the claims** begin on page 3 of this paper.

**Remarks** begin on page 5 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>04537 (3883.00074)</b>	
Applicant(s): <b>Mulvihill</b>						
Application No. <b>10/750,801</b>	Filing Date <b>January 2, 2004</b>	Examiner <b>Olson, Margaret Linnea</b>	Customer No. <b>35374</b>	Group Art Unit <b>3727</b>	Confirmation No. <b>1822</b>	
Invention: <b>FLIP-UP TRUNK SPACE STORAGE SYSTEM</b>						
 <b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	4 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>02-2712</b> <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature <b>Gerald E. McGlynn, III</b> Reg. No. 33,737 Bliss McGlynn, P.C. 2075 West Big Beaver Road Suite 600 Troy, Michigan 48084			Dated: <b>October 5, 2006</b>			
CC:			<div style="border: 1px solid black; padding: 5px;">             I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  <b>October 5, 2006</b>              (Date)   <b>Megan L. Schamanek</b>              Signature of Person Mailing Correspondence                Typed or Printed Name of Person Mailing Correspondence           </div>			